

PART B - FEE(S) TRANSMITTAL

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25944 7590 01/30/2009

OLIFF & BERRIDGE, PLC
P.O. BOX 320850
ALEXANDRIA, VA 22320-4850



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,932	12/08/2005	Masaki Okamura	126722	.9579

TITLE OF INVENTION: MOTOR DRIVE APPARATUS CAPABLE OF ACCURATELY ESTIMATING DEMAGNETIZATION OF PERMANENT MAGNET MOTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/30/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS		04/02/2009 MAHMED2 00000010 10559932		
LUO, DAVID S	2837	318-701000		01 FC:1501	1510.00 OP	300.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list _____ the names of up to 3 registered patent attorneys or agents OR, alternatively, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1 Oliff & Berridge, PLC	2 _____	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Toyota Jidosha Kabushiki Kaisha

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Toyota, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date April 1, 2009

Typed or printed name _____

Scott M. Schulte

Registration No. 44,325

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